

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000198

Entity Name: ALTA REFRIGERATION, INC.**Current Principal Place of Business:**403 DIVIDEND DRIVE
PEACHTREE CITY, GA 30269-1905**Current Mailing Address:**403 DIVIDEND DRIVE
PEACHTREE CITY, GA 30269-1905 US**FEI Number:** 58-2452881**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	CHILDERS, TERRY R
Address	403 DIVIDEND DRIVE
City-State-Zip:	PEACHTREE CITY GA 30269-1905

Title	DP
Name	BROWN, ERIC
Address	403 DIVIDEND DRIVE
City-State-Zip:	PEACHTREE CITY GA 30269-1905

Title	VP
Name	COOPER, BRIAN
Address	403 DIVIDEND DRIVE
City-State-Zip:	PEACHTREE CITY GA 30269-1905

Title	DS
Name	BROWN, JUSTIN M
Address	403 DIVIDEND DRIVE
City-State-Zip:	PEACHTREE CITY GA 30269-1905

Title	T
Name	BACON, JAMES
Address	403 DIVIDEND DR
City-State-Zip:	PEACHTREE CITY GA 30269-1905

Title	VP
Name	GOOSEFF, ALEX P
Address	403 DIVIDEND DRIVE
City-State-Zip:	PEACHTREE CITY GA 30269

Title	DIRECTOR
Name	BROWN, REX
Address	403 DIVIDEND DRIVE
City-State-Zip:	PEACHTREE CITY GA 30269

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERIC BROWN**PRESIDENT****01/06/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date